

APPLICATION DATA SHEET

| Application Information | | |
|-------------------------------------|---|--|
| Application Number: | | |
| Filing Date: | July 15, 2003 | |
| Application Type: | Regular | |
| Subject Matter: | Utility | |
| Suggested Classification: | | |
| Suggested Group Art Unit: | | |
| CD-ROM or CD-R: | | |
| Number of CD disks: | | |
| Number of Copies of Cds: | | |
| Sequence Submission? | | |
| Computer Readable Form (CRF)?: | | |
| Number of Copies of CRF: | | |
| Title: | HYBRID ELECTRICAL DISCHARGE REACTORS AND THE USE OF ZEOLITES TO ENHANCE THE DEGRADATION OF CONTAMINANTS | |
| Attorney Docket Number: | 3303-24 | |
| Request for Early Publication: | | |
| Request for non-Publication: | | |
| Suggested Drawing Figure: | | |
| -Total Drawing Sheets: | 7 | |
| Small Entity: | Yes | |
| Petition Included | | |
| Petition Type: | | |
| Licensed US Govt. Agency: | | |
| Contract or Grant Numbers: | | |
| Secrecy Order in Parent Application | | |

Express Mail No. EU398217625US

| Applicant Information | | |
|--|--------------------------|--|
| Applicant Authority Type: | Inventor | |
| Primary Citizenship Country: | United States of America | |
| Status: | Full Capacity | |
| Given Name: | Bruce | |
| Middle Name: | R. | |
| Family Name: | Locke | |
| Name Suffix: | | |
| City of Residence: | Tallahassee | |
| State or Province of Residence: | Florida | |
| Country of Residence: | United States of America | |
| Street of Mailing Address: | 3476 Welwyn Way | |
| City of Mailing Address: | Tallahassee | |
| State or Province of Mailing Address: | Florida | |
| Country of Mailing Address: | United States of America | |
| Postal or Zip Code of Mailing Address: | 32309 | |

| Applicant Information | | |
|--|--------------------------|--|
| Applicant Authority Type: | Inventor | |
| Primary Citizenship Country: | United States of America | |
| Status: | Full Capacity | |
| Given Name: | Austin | |
| Middle Name: | | |
| Family Name: | Appleton | |
| Name Suffix: | | |
| City of Residence: | West Point | |
| State or Province of Residence: | New York | |
| Country of Residence: | United States of America | |
| Street of Mailing Address: | 544A Winans Road | |
| City of Mailing Address: | West Point | |
| State or Province of Mailing Address: | New York | |
| Country of Mailing Address: | United States of America | |
| Postal or Zip Code of Mailing Address: | 10996 | |

| Applicant Information | | |
|--|-----------------|--|
| Applicant Authority Type: | Inventor | |
| Primary Citizenship Country: | Czech Republic | |
| Status: | Full Capacity | |
| Given Name: | Pavel | |
| Middle Name: | | |
| Family Name: | Sunka | |
| Name Suffix: | | |
| City of Residence: | 193 00 Prague 9 | |
| State or Province of Residence: | | |
| Country of Residence: | Czech Republic | |
| Street of Mailing Address: | Harcovska 1684 | |
| City of Mailing Address: | 193 00 Prague 9 | |
| State or Province of Mailing Address: | | |
| Country of Mailing Address: | Czech Republic | |
| Postal or Zip Code of Mailing Address: | | |

| Applicant Information | | |
|--|---------------|--|
| Applicant Authority Type: | Inventor ' | |
| Primary Citizenship Country: | Croatia | |
| Status: | Full Capacity | |
| Given Name: | Natalija | |
| Middle Name: | | |
| Family Name: | Koprivanac | |
| Name Suffix: | | |
| City of Residence: | 10000 Zagreb | |
| State or Province of Residence: | | |
| Country of Residence: | Croatia | |
| Street of Mailing Address: | Ilica 181 | |
| City of Mailing Address: | 10000 Zagreb | |
| State or Province of Mailing Address: | | |
| Country of Mailing Address: | Croatia | |
| Postal or Zip Code of Mailing Address: | | |

| Applicant Information | | |
|--|---------------|--|
| Applicant Authority Type: | Inventor | |
| Primary Citizenship Country: | Croatia | |
| Status: | Full Capacity | |
| Given Name: | Hrvoje | |
| Middle Name: | | |
| Family Name: | Kusic | |
| Name Suffix: | | |
| City of Residence: | 10430 Samobor | |
| State or Province of Residence: | | |
| Country of Residence: | Croatia | |
| Street of Mailing Address: | Zagorska 41 | |
| City of Mailing Address: | 10430 Samobor | |
| State or Province of Mailing Address: | | |
| Country of Mailing Address: | Croatia | |
| Postal or Zip Code of Mailing Address: | | |

| Correspondence Information | | |
|--|---------------------------------|--|
| Correspondence Customer Number: | 30448 | |
| Name: | AKERMAN SENTERFITT | |
| Street of Mailing Address: | 222 Lakeview Avenue, Suite 400, | |
| Street or Mailing Address. | P. O. Box 3188 | |
| City of Mailing Address: | West Palm Beach | |
| State or Province of Mailing Address: | Florida | |
| Country of Mailing Address: | United States of America | |
| Postal or Zip Code of Mailing Address: | 33402-3188 | |
| Telephone: | (561) 653-5000 | |
| Telefacsimile: | (561) 659-6313 | |
| E-Mail Address | | |

| : | Representative Information | |
|-----------------------------|----------------------------|------|
| Representative Customer No. | Registration Number | Name |
| 30448 | , | |

| Domestic Priority Information | | | |
|---------------------------------------|------------------|--------------------|--------------------|
| Application | -Continuity-Type | Parent Application | Parent Filing Date |
| : | | | |
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| Foreign Priority Information | | | |
|------------------------------|--------------------|-------------|------------------|
| Country | Application Number | Filing Date | Priority Claimed |
| | | | |

| Assignee Information | | |
|--|--|--|
| Assignee Name: | | |
| Street of Mailing Address: | | |
| City of Mailing Address: | | |
| State or Province of Mailing Address: | | |
| Country of Mailing Address: | | |
| Postal or Zip Code of Mailing Address: | | |